

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 91671510 - 358660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (S.O.S.)	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200501921970 01/12/2005	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3A) and provide Debtor's name in item 13
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement	
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: CHANGE name and/or address: Complete <input type="checkbox"/> item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) 6a. ORGANIZATION'S NAME <u>Jim's Auto Sales and Auto Body Works, Inc.</u>	
OR 6b. INDIVIDUAL'S SURNAME <input type="text"/> FIRST PERSONAL NAME <input type="text"/> ADDITIONAL NAME(S)/INITIAL(S) <input type="text"/> SUFFIX <input type="text"/>	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME <input type="text"/>	
OR 7b. INDIVIDUAL'S SURNAME <input type="text"/> INDIVIDUAL'S FIRST PERSONAL NAME <input type="text"/> INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) <input type="text"/> SUFFIX <input type="text"/>	
7c. MAILING ADDRESS <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> POSTAL CODE <input type="text"/> COUNTRY <input type="text"/>	
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: <input type="text"/>	
9. NAME OF SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME <u>Santander Bank, N.A. FNA Sovereign Bank, N.A.</u>	
OR 9b. INDIVIDUAL'S SURNAME <input type="text"/> FIRST PERSONAL NAME <input type="text"/> ADDITIONAL NAME(S)/INITIAL(S) <input type="text"/> SUFFIX <input type="text"/>	
10. OPTIONAL FILER REFERENCE DATA: 0712 Debtor: Jim's Auto Sales and Auto Body Works, Inc. <input type="text"/> 91671510	